

**PLEASE COMPLETE & SUBMIT TO UN SHIPMENT COORDINATOR AT TIME OF PACKING/LOADING.  
ITEMIZED VALUED INVENTORY OF HOUSEHOLD GOODS AND PERSONAL EFFECTS**

Staff members who are entitled to insurance coverage of their unaccompanied shipment of household and personal effects, in reference to ST/AI/2016/4 and ST/IC/1999/99, and who wish the United Nations to obtain such coverage must submit an itemized valued inventory to the United Nations Travel & Transportation Section, Headquarters New York prior to shipment as provided below.

**Instructions to Staff Members Requesting Insurance Coverage through the United Nations Travel & Transportation Section, New York**

1. If your household goods and personal effects are to be sent in more than one shipment (whether land, air or sea shipments and whether normal or advance shipments), you must prepare a separate itemized valued inventory for each shipment.
2. List in the inventory, in English, all items of personal effects and household goods (not simply 'boxes', 'crates', etc.) which are included in the shipment and state, **in U.S. dollars, the replacement cost at destination** of each item. Include as items indicating the replacement cost of any suitcases and trunks which are to be shipped as unaccompanied shipment. Insurance claims will be accepted for loss or damage only for items listed and valued in the inventory.
3. You must **state the total value** of the complete inventory on line 4 and insurance entitlement/balance on line 5. The UN will only cover the premium on the insurance up to your entitlement. Any excess coverage must be obtained and paid for by the shipper directly through an insurer.
4. Forward an electronic (scanned) completed and signed PT. 78 form to [shipments@un.org](mailto:shipments@un.org) with copy of Travel and Shipment Authorization. Alternatively, send completed PT. 78 by fax to TTS at (1) 212 963-2170. Please retain a file copy in the event of a claim or future moves. Or, mail completed PT. 78 to Chief, Travel & Transportation, Room FF-0279, 304E. 45th. Street, New York, N. Y. 10017, USA. This form is available on the UN Intranet at <http://iseek.un.org> under Travel and Transportation. New staff will receive the PT. 78 form through the UN Shipment Coordinator.

**REQUEST FOR INSURANCE COVERAGE**

NAME OF STAFF MEMBER:		CONTACT ADDRESS AND TELEPHONE NUMBER AT DESTINATION:	
LAST Name: _____	NEHM	Herningvej 30, DK-7470 Karup J, Denmark. Att:MOVCON	
First Name: _____	Peter		
INDEX NO: _____	10171762	E-mail address: <a href="mailto:jmto-ktp-ops@mil.dk">jmto-ktp-ops@mil.dk</a>	

1. I understand that: (a) the insurance will cover loss of or damage to my goods which occurs during the course of their shipment from my residence to the designated destination; (b) if I am unable to take immediate possession of the goods upon their arrival at the designated destination and the goods are to be stored, I must obtain storage at my own expense
2. I certify that all items listed in the Itemized Valued Inventory are for my personal use and not for resale or accommodation to others.
3. I acknowledge that the United Nations has no responsibility for loss or damage to my household goods and personal effects while in transit or in storage other than to arrange insurance coverage for them under the Staff Rules in accordance with my request.
4. The total value of my household goods and personal effects being shipped is: . . . . . US\$ 4450
5. I certify that my insurance entitlement (or balance of entitlement) is: . . . . . US\$ 4450

I acknowledge that the UN will cover the premium up to my entitlement and I will obtain any coverage above that amount at my own expense.

TRAVEL/ SHIPMENT AUTHORIZATION	FUND COMMITMENT NUMBER.	MODE OF SHIPMENT LAND <input checked="" type="checkbox"/> AIR <input type="checkbox"/> SEA <input type="checkbox"/>
ORIGIN OF SHIPMENT FROM: <b>Jerusalem</b>		DESTINATION OF SHIPMENT TO: <b>Denmark</b>

Date: 27/03/2024                      Signature of Staff Member: 



## MovCon Measurements Document

Date: 12/4/2024

Name: PETER NEHM  
Address: DENMARK

PT8:  
Content: Personal effects

No.	L (cm)	W (cm)	H (cm)	Act. Vol	Gross weight (kg)	Vol. Weight (kg)
1	160	21	80	0.27	13.4	44.8
2	78	80	31	0.12	30	20.1
3	78	80	31	0.12	28.2	20.1
4	73	55	44	0.18	22.8	29.4
5	73	55	44	0.18	22.4	29.4
6				0.00		0.0
7				0.00		0.0
8				0.00		0.0
9				0.00		0.0
10				0.00		0.0
11				0.00		0.0
12				0.00		0.0
13				0.00		0.0
14				0.00		0.0
15				0.00		0.0
16				0.00		0.0
17				0.00		0.0
18				0.00		0.0
19				0.00		0.0
20				0.00		0.0
21				0.00		0.0
22				0.00		0.0
23				0.00		0.0
24				0.00		0.0
25				0.00		0.0
<b>TOTALS</b>				<b>0.86</b>	<b>116.8</b>	<b>144.0</b>

Total Weight: 116.80 kg

Chargble weight: 143.99 kg

Vol: 0.86 CuM

Name: Firas



Users can add/minimize the rows as necessary. To total the figures in the "Value" column, type "TOTAL" under description column, then place the cursor in the cell that is to hold the total and click the AutoSum button "Σ" on the Tables and Borders toolbar.

This form is available at [https://iseek-newyork.un.org/webpgdept593\\_53](https://iseek-newyork.un.org/webpgdept593_53) under Travel & Transportation.

ITEMIZED VALUED INVENTORY

NO. OF PIECES	DESCRIPTION	VALUE IN U.S. DOLLARS
	BOX 1	
	Uniform: underwear, trousers, jacket, boots	250
	Mobile phone, satellite phone, sleeping bag	500
	BOX 2	
	Personal protection equipment, sleeping bag	2000
	Mosquito net, bivouak	150
	BOX 3	
	books, kitchenware, protein powder	150
	BOX 4	
	Clothes, souvenirs, shoes, bags, toiletries	400
	BOX 5	
	Bicycle	1000
	Total	4450